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NTP

NEWSLETTER

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It is our intent to address current issues within the treatment facilities and with their patients. We welcome your feedback on the content and whether the newsletter is an effective and practical means of communication.

Please circulate this newsletter to all patients and staff members (counselors, nurses, pharmacists, physicians, etc.)

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FY 2003 STATE HOLIDAY SCHEDULE

<u>HOLIDAY</u>	<u>AGENCY STATUS</u>	<u>DATE</u>	<u>DAY OF WEEK</u>
Labor Day	All agencies closed	09-02-02	Monday
<i>Rosh Hashanah</i>	-	09-07-02	<i>Saturday</i>
<i>Rosh Hashanah</i>	-	09-08-02	<i>Sunday</i>
<i>Yom Kippur</i>	<i>Optional holiday</i>	09-16-02	<i>Monday</i>
Veterans' Day	All agencies closed	11-11-02	Monday
Thanksgiving Day	All agencies closed	11-28-02	Thursday
Day After Thanksgiving	All agencies closed	11-29-02	Friday
Christmas Eve Day	All agencies closed	12-24-02	Tuesday
Christmas Day	All agencies closed	12-25-02	Wednesday
Day After Christmas	All agencies closed	12-26-02	Thursday
New Year's Day	All agencies closed	01-01-03	Wednesday
Confederate Heroes Day		01-19-03	Sunday
Martin Luther King, Jr. Day	All agencies closed	01-20-03	Monday
Presidents' Day	All agencies closed	02-17-03	Monday
Texas Independence Day		03-02-03	Sunday
<i>Cesar Chavez Day</i>	<i>Optional holiday</i>	03-31-03	<i>Monday</i>
<i>Good Friday</i>	<i>Optional holiday</i>	04-18-03	<i>Friday</i>
San Jacinto Day	Skeleton crew required	04-21-03	Monday
Memorial Day	All agencies closed	05-26-03	Monday
Emancipation Day	Skeleton crew required	06-19-03	Thursday
Independence Day	All agencies closed	07-04-03	Friday
LBJ's Birthday	Skeleton crew required	08-27-03	Wednesday

****REMINDER: Each program must notify the SMA in writing of clinic closure due to holidays, training, and emergencies.

STATE METHADONE AUTHORITY (SMA) GOALS AND ACKNOWLEDGMENTS:

Conference:

In response to several requests, we are planning a Texas Narcotic Treatment Program (NTP) Conference in Austin to facilitate the exchange of information between programs and with the SMA. A request for input regarding topics will be forwarded in the near future.

Client/Patient Advocacy Organizations:

The SMA is working to build a stronger relationship with clients/patients by becoming more involved with client/patient advocacy organizations. In addition, time will be made available during on-site inspections for any clients/patients who request to meet with the Investigator.

Client/Patient Providers:

We will continue to improve our supportive relationship with client/patient providers. Any comments or suggestions are welcome.

Acknowledgments:

Since Ms. Veronica Barrera's, Investigator, departure in May, programs may have experienced some delay in our response time to exception requests, general inquiries, etc. We regret such incidents and would like to thank all programs for their patience during this period.

The central registry project that was started last Spring has been completed. With your help, we were able to perform the necessary updates to the database to better identify clients/patients who attempt to enroll in more than one program at the same time. We would like to thank all programs for their assistance in making the project a success.

FEDERAL GUIDELINES FOR UNSUPERVISED USE:

A. Clinics open 7 days per week. [25TAC §229.144(b), and 42 CFR §8.12(i)(3)]

TIME IN TREATMENT	CLINIC ATTENDANCE	TAKE-OUT MEDICATION
First 90 days of treatment	6 days per week	a single dose per week
Second 90 days of treatment	5 days per week	two doses per week
Third 90 days of treatment	4 days per week	three doses per week
Remaining months of 1 st year	1 day per week	6-day supply
After 1 year of continuous treatment	2 days per month	2-week supply
After 2 years of continuous treatment	1 day per month	one-month supply

B. Clinics open 6 days per week [25TAC §229.144(b), and 42 CFR §8.12(i)(1)]

TIME IN TREATMENT	CLINIC ATTENDANCE	TAKE-OUT MEDICATION
First 90 days of treatment	5 days per week	2 doses per week
Second 90 days of treatment	4 days per week	3 doses per week
Third 90 days of treatment	3 days per week	4 doses per week
Remaining months of 1 st year	1 day per week	6-day supply
After 1 year of continuous treatment	2 days per month	2-week supply
After 2 years of continuous treatment	1 day per month	one-month supply

***A patient/client may be granted the above take out schedule **after** the patient/client has met the 8 criteria in determining whether a patient/client is responsible in handling their medication for unsupervised use. ***A patient/client may not be given **any** additional medication **beyond** the federal guidelines based on time in treatment without receiving **PRIOR** state and federal authorization.

GENERAL ANNOUNCEMENTS:

Central Registry Extension Numbers:

The SMA assigns an extension letter to central registry numbers that are shared by more than one patient/client. This extension letter **MUST** remain with the patient/client throughout their treatment activities

and clinics that they attend. **ALL** correspondence with other NTPs and the SMA **MUST** include the extension letter thereafter.

Central Registry Form (Reminder):

Please discard all old central registry forms. The form has been revised to simplify the activity codes being used by our central computer system.

NP: New Patient, Transfer In, Readmit Patient
TP: Terminated Patient, Transfer Out Patient
DP: Deceased Patient

***Remember to include the SMA assigned extension letter with all client/patient treatment activities.

Completing Exception Request Forms:

All applicable information requested on the form must be completed for the exception request to be considered. This includes ***dates and results*** of drug screening test. Incomplete forms will result in a delay in our response.

Anniversary Date:

It has come to our attention that there has been some confusion of the definition of a patient's/client's anniversary date. Let us clarify: The definition of anniversary date for all patients/clients for information/correspondence submitted to the SMA central office is ***the continuous treatment date***. This means the cumulative time spent by the patient/client in treatment provided there has not been a continuous absence of 90 days or more. For example:

- Patient/Client in treatment since 01-05-1998 (documented at various authorized NTPs);
- Patient/Client terminated treatment 05-05-2001;
- Admitted to your facility on 06-05-2001 (absence of 1 month);
- The ***anniversary date*** would be ***01-05-1998***.

Unsupervised Use Not Requiring State and Federal Authorization:

A program physician may authorize unsupervised use (take-outs) ***on a one-time-basis*** without state and federal approval ***to a patient/client who has not received the maximum number*** of unsupervised use allowed by the federal guidelines. For example:

- Patient/Client with anniversary (continuous treatment) date of 10 months; eligible for 6 doses of take-outs but physician require clinic visits three times a week (3 take-out excluding Sunday if closed).
- Patient/Client request for extra 2 doses (total 5 doses) ******program physician discretion to***

authorize - state and federal approval not needed

- Patient/Client request for extra 4 doses (total 7 doses) ******program physician discretion to authorize - state and federal approval required***

Courtesy Dosing:

Please be advised that we have noted a number of facilities that are authorizing patient/client courtesy dosing or temporary dosing at other NTPs without prior authorization from the program physician and/or without obtaining verification of attendance and dosing from the temporary dosing facility. The regulations [25 TAC §229.150(c)] require the following procedures:

- Before a patient/client doses at another NTP, a physician's order must be obtained verifying that the program physician approves this client/patient to dose for x number of days away from their home clinic.
- Verification must be obtained from the temporary dosing facility of the patient's/client's attendance and dosing before the patient is dosed at their home clinic to ensure no dual dosing, to verify the client has been responsible in attending the facility to which they were assigned, and to maintain documentation of continuity of care.

Oral Fluid Testing: The regulations [42 CFR §8.12(f)(6)] require that programs must provide adequate testing or analysis for drugs of abuse. At this time, the state and federal regulatory authorities are not aware of evidence showing oral fluid testing is adequate.

Photo Identification (ID):

A valid, state or federal issued photo ID is required by the regulations [25 TAC §229.150(e)(2)(D)(i)] for admittance into a clinic. This is an ongoing problem with patients/clients who have legal reasons for not attaining one. For these patients/clients, we would like to suggest programs implementing an internal photo identification system. For example:

Photo	Weight
	Height
Name (First Middle Last)	
DOB	

This form of ID will be useful when the patient/client transfers, readmits, or presents as a new patient without proper ID. However, this ***DOES NOT*** substitute the requirement for programs to contact the SMA within 72 hours of the client's admission to check for dual enrollment.

TMTA ANNUAL CONFERENCE 2002 PANEL QUESTIONS:

Q: As far as split doses (one morning dose plus an afternoon dose) are concerned, how are they categorized as far as take homes are concerned? Are they counted against the number of take homes that a particular patient / client is authorized to receive in a given time period?

A: In regard to split doses, they are generally requests that are made in the early stage of treatment. This is when patients /clients are working toward stabilization and the ability for patients /clients to handle take home medication has not yet been established. For this reason, the take home guideline must apply. When a patient /client is stable and has been in treatment long enough to have earned take home medication, split dose take home become less of an issue. The question then becomes when does a patient /client approaches stability in their treatment? We do not have the answer to that question. However, we are willing to work with the program physicians to establish such guidelines and plan to send a letter requesting their comments. For now, however, we will continue to count split take home doses towards the number of total take home doses allowed by the regulations.

Q: Twelve clock hours of annual training are now required for staff members who provide treatment or services. Does this rule apply to secretaries, cashiers, etc? Does it basically apply to ALL staff members?

A: The new state regulations [25 TAC §229.148(d)(1)] require a minimum of 12 clock hours of training annually for staff members who provide treatment or services to patients/clients. In other words, those staff members who have direct patient care, which we do not consider to be secretaries and cashiers.

Q: On a permanent transfer-in, if patient/client records are not received within 15 days for whatever reason, does the patient / client have to be treated as a new admission?

A: The state regulations [25 TAC §229.148(e)(5)(E)(ii)] require transferring programs to supply medical records to the admitting program within 15 days of the request. If the transferring program fails to do this, the department must be notified of such events. If the transferring program is unable to give an acceptable reason (i.e. release would be harmful to the physical, mental, or emotional health of the patient) for their failure to release the records, an E-14 will be issued for failing to comply with the regulations. If the program denies the request, in whole or in part, the program shall furnish the patient a written statement, signed and dated, stating the reason for the denial. A copy of the statement denying the request shall be placed in the patient's record.

The admitting program must contact our office to obtain an exception to continue the patient/client on their current dose and take home schedule. However, a new physical examination and

laboratory test must be completed as if they are a new patient.

Q: Does TDH have any guidelines on how to handle patients/clients receiving more than 120mg of methadone daily? Are there any risks of overdose, etc?

A: *The regulations no longer have a dose cap. The most effective and safe dose to treat a patient/client is determined by the program physician.*

Q: Does TDH have any guidelines for dry dispensing (tablets) as far as dilution or ingestion instructions for the client / patient?

A: *There are no dilution instructions for methadone tablets. When dispensing the medication, the patient/client should be counseled to ingest the tablets with a full glass of water.*

Q: At times TDH allows closing for 3 days around holidays like Christmas. Why can we not close for 3 days around holidays like Labor Day or Memorial Day or 4 days around Thanksgiving? Can this not be up to each program's medical director?

A: *The new state regulations [25 TAC §229.148(a)(2)(D)] require programs to provide observed daily dosing six days a week. Each program must notify our office in writing of any days the clinic is closed for business due to holidays, training, or emergencies [25 TAC §229.148(a)(2)(B)]. The department recognizes holidays as those designated on the state and federal holiday calendar.*

SMA CONTACT INFORMATION:

Our newest additions to the SMA team are Ms. Claire Lapointe, Administrative Assistant, and Ms. Margaret Olsovsky, Investigator. With their background and experience, both individuals will be assets to the program.

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http://www.access.gpo.gov/nara/cfr/waisidx_01/42cfr8_01.html (Center for Substance Abuse Treatment, Code of Federal Regulations)